



# COMMONWEALTH OF VIRGINIA

Board of Counseling Audit July 1, 2018 – June 30, 2019

9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233-1463

Email: [BSUCompliance@dhp.virginia.gov](mailto:BSUCompliance@dhp.virginia.gov)  
[www.dhp.virginia.gov/counseling](http://www.dhp.virginia.gov/counseling)

## CONTINUING EDUCATION SUMMARY FORM (LPC)

Please see regulations for CE requirements at [www.DHP.Virginia.gov/Counseling](http://www.DHP.Virginia.gov/Counseling) under laws and regulations

Name of Licensee		License Number		License Renewal Date		Total Hours of CE Submitted for Licensure Renewal Period	
Email Address		Home Phone		Business Phone		Cell Phone	
<b>BOARD APPROVED CE PROVIDER</b> (List Below)		<b>TITLE OF CE PROGRAM</b> (List Below)		<b>DATE(S) OF CE</b> (List Below)		<b>HOURS COMPLETED</b> (List Below)	
						<b>CATEGORY OF CE</b> (Check Appropriate Block) See Instructions for explanation	
<b><u>PART 1: Continuing Education Activities Emphasizing Ethics, Standards of Practice, or Laws Governing Behavioral Science Professions in VA</u></b> A Minimum of 2 Hours Required Every Annual Renewal Period – See Regulation 18 VAC 115-20-105 (A)							
						<input type="checkbox"/> Paragraph B1 CE Provider <input type="checkbox"/> Paragraph B2 CE Activity	
						<input type="checkbox"/> Paragraph B1 CE Provider <input type="checkbox"/> Paragraph B2 CE Activity	
<b><u>PART2: Other Continuing Education Activities</u></b>							
						<input type="checkbox"/> Paragraph B1 CE Provider <input type="checkbox"/> Paragraph B2 CE Activity	
						<input type="checkbox"/> Paragraph B1 CE Provider <input type="checkbox"/> Paragraph B2 CE Activity	

Name of Licensee		License Number	License Renewal Date	
<b>BOARD APPROVED CE PROVIDER</b> (List Below)	<b>TITLE OF CE PROGRAM</b> (List Below)	<b>DATE(S) OF CE</b> (List Below)	<b>HOURS COMPLETED</b> (List Below)	<b>CATEGORY OF CE</b> (Check Appropriate Block) See Instructions for explanation
<b>PART 2: Continuing Education Activities, Continued</b>				
				<input type="checkbox"/> Paragraph B1 CE Provider <input type="checkbox"/> Paragraph B2 CE Activity
				<input type="checkbox"/> Paragraph B1 CE Provider <input type="checkbox"/> Paragraph B2 CE Activity
				<input type="checkbox"/> Paragraph B1 CE Provider <input type="checkbox"/> Paragraph B2 CE Activity
				<input type="checkbox"/> Paragraph B1 CE Provider <input type="checkbox"/> Paragraph B2 CE Activity
				<input type="checkbox"/> Paragraph B1 CE Provider <input type="checkbox"/> Paragraph B2 CE Activity
				<input type="checkbox"/> Paragraph B1 CE Provider <input type="checkbox"/> Paragraph B2 CE Activity

[Attach Additional Copies of this Sheet if Necessary]

It is recommended that all licensees complete the Form as a method of tracking their CE. All audited licensees must complete the Form and submit it to the Board of Counseling along with the documentation set out in 18 VAC 115-20-107. Please refer to the CE criteria in the Regulations under 18 VAC 115-20-106 and review before calling or emailing Board Staff with questions. Categories of CE will coordinate with the lists on pages 12 and 13, which will inform you of whether the hours are for “Paragraph B1 Provider” or “Paragraph B2 Activity”.

## Contact Information

Should you have questions concerning this request or this form, please contact the Board of Counseling by email at [BSUCompliance@dhp.virginia.gov](mailto:BSUCompliance@dhp.virginia.gov) (please put “C.E. Audit” in the subject line). Please do not call the Board!

Return the Form & Documentation to:

**Virginia Board of Counseling  
C.E. Audit – LPC  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233-1463**